



5401 Port Sheldon Rd □ Hudsonville, MI 49426  
 Phone 616.669.9094 □ Toll Free 888.378.7800 □ Fax 616.669.9310  
[www.sawyernursery.com](http://www.sawyernursery.com)

## Credit Application

*Two (2) Page Application - Complete and sign both sides.*

BUSINESS INFORMATION			
BUSINESS NAME		IN BUSINESS SINCE	
BILLING ADDRESS		AMOUNT OF CREDIT REQUESTED	
CITY	ST	ZIP	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC
PHONE #	FAX #		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLP <input type="checkbox"/> OTHER
EMAIL		FEDERAL TAX ID #	
SHIPPING ADDRESS		SOCIAL SECURITY #	
CITY	ST	ZIP	NAME OF PARENT COMPANY
COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME	TITLE	ADDRESS/CITY/ST/ZIP	PHONE #
NAME	TITLE	ADDRESS/CITY/ST/ZIP	PHONE #
NAME	TITLE	ADDRESS/CITY/ST/ZIP	PHONE #
BANK REFERENCE			
NAME OF BANK		CONTACT NAME	
BRANCH		ADDRESS/CITY/ST/ZIP	
CHECKING ACCT #		PHONE #	
TRADE REFERENCES			
BUSINESS NAME	PHONE #	FAX #	ADDRESS/CITY/ST/ZIP
CREDIT DEPT. CONTACT PERSON		EMAIL ADDRESS	
BUSINESS NAME	PHONE #	FAX #	ADDRESS/CITY/ST/ZIP
CREDIT DEPT. CONTACT PERSON		EMAIL ADDRESS	
BUSINESS NAME	PHONE #	FAX #	ADDRESS/CITY/ST/ZIP
CREDIT DEPT. CONTACT PERSON		EMAIL ADDRESS	

### PLEASE AUTHORIZE US TO PROCESS YOUR APPLICATION

I (We) certify that the information provided is true and correct to the best of my (our) knowledge and belief. I (We) may be required to supply additional information and to provide security for the financing requested.

I (We) consent that Sawyer Nursery lender and agents may obtain a credit report or any other information related to income, employment history, or financial position. I (We) authorize Sawyer Nursery and its lenders and agents, and all past or present creditors to release any and all necessary credit information. From time to time you may verify and exchange information on me (us) with credit reporting agencies.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

# SAWYER NURSERY, INC. - CREDIT APPLICATION

## Terms and Conditions

**APPLICANT IS HEREBY ADVISED THAT OUR REGULAR TERMS ARE NET 30 DAYS.** Past due accounts are subject to loss of any earned discounts. All claims for errors or unsatisfactory stock must be noted on the delivery slip and confirmed by written memorandum within five (5) business days of receipt of shipment. Stock subject to claim must be held for disposition by Sawyer Nursery or its designee.

I (We) promise to pay, when due, the total amount on the statement from Sawyer Nursery, Inc. I (We) also promise to pay any late payment charge that may become due.

I (We) understand that a late payment charge of 1.5% per month (18% per annum) will be added to my account on all invoices which remain unpaid 30 days or more past the due date.

I (We) understand that if I miss a payment or break any other promise made under this agreement, Sawyer Nursery, Inc., may at its option, require payment of the entire outstanding balance of my account immediately. Further, I (we) understand that Sawyer Nursery, Inc. may do this if I (we) make false or misleading statements on my application for credit.

I (We) understand that if it becomes necessary for Sawyer Nursery, Inc. to obtain the services of an attorney to secure collection of my account, I (we) will be responsible for all attorney fees and court costs, either with or without suit, including appeals. I (We) understand if a suit is filed against me to secure collection, I (we) hereby consent to Sawyer Nursery, Inc. choice of the state and county as the proper venue for filing of such suit, and expressly waive any claim I (we) might have to placing the suit in another county or state.

If this account becomes past due and Sawyer Nursery, Inc. turns it over to a collection agency, I (we) agree to pay, in addition to the total indebtedness, the cost of collection equal to a minimum amount of twenty-five percent (25%) of the principal amount.

I expressly authorize Sawyer Nursery, Inc. to inquire into my credit and banking references as disclosed on my application, or by any other public method, and understand that Sawyer Nursery, Inc. will retain said application regardless of whether credit is granted. I (We) further agree to notify Sawyer Nursery, Inc. in the event that any of the information contained on my credit application needs to be corrected or brought current. I (We) agree to provide Sawyer Nursery, Inc. any such additional information requested by them at any time, in order that they may decide to make the requested extension of credit. I understand and agree that Sawyer Nursery, Inc. reserves the right to refuse, reduce or terminate the credit.

In the event that the undersigned applicant for credit is a corporation, I (we) represent that I have the lawful authority to bind said corporation for payment of all sums due, and that my signature, together with said corporation, will make me legally responsible for payment in the event that the corporation fails to pay all sums when due or otherwise breaks the terms of this agreement. It is understood that credit would not be extended to said corporation with this assumption of personal liability.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Applicant or Company Name \_\_\_\_\_

By: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (REQUIRED)

For office use only:

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_